Maternal / Infant Health

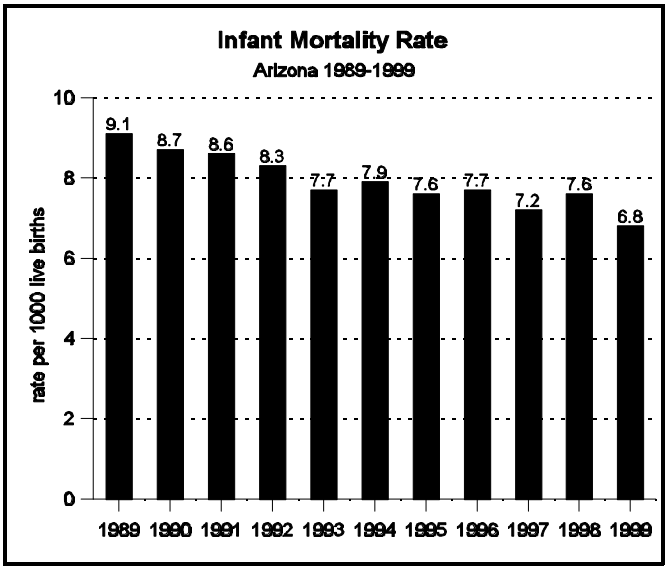
Infant mortality is an important measure of a nation's health and a worldwide indicator of health status and social well-being. As of 1995, the U.S. infant mortality rates ranked 25th among industrialized nations. In the past decade, critical measures of increased risk of infant death, such as new cases of low birth weight (LBW) and very low birth weight (VLBW), actually have increased in the United States.

Four causes account for more than half of all infant deaths: birth defects, disorders relating to short gestation and unspecified LBW, sudden infant death syndrome (SIDS), and respiratory distress syndrome. The leading causes of neonatal death in 1997 were birth defects, disorders related to short gestation and LBW, respiratory distress syndrome, and maternal complications of pregnancy. After the first month of life, SIDS is the leading cause of infant death, accounting for about one-third of all deaths during this period. Maternal age also is a risk factor for infant death. Mortality rates are highest among infants born to young teenagers (aged 16 years and under) and to mothers aged 44 years and older.

In Arizona, infant mortality data shows great disparity among ethnic groups. Recent studies suggest that there are many more factors involved in this disparity than adequate prenatal care. The Perinatal Periods of Risk Model is used to explore other variables such as dietary habits, family support systems and degree of acculturation that may impact birth outcomes.

Breastfeeding is an important contributor to overall infant health because human breast milk presents the most complete form of nutrition for infants; therefore, the American Academy of Pediatrics recommends that infants be breastfed for the first 6 months of life at a minimum. Breastfeeding rates have increased over the years, particularly in early infancy. However, breastfeeding rates among women of all races decrease substantially by 5 to 6 months postpartum.

Spina bifida and other neural tube defects are preventable birth defects. The occurrence of these disorders could be reduced by more than half if women consumed adequate folic acid before and during pregnancy. In 1992-94, the proportion of women of childbearing age reporting consumption of the recommended level of folic acid (400 micrograms) was 21 percent. Today, many cereals and bread products are enriched with folic acid and the recommended level is contained in most multivitamins.



Objective #1 **Reduce Infant Mortality (Death Within First Year of Life)**.

Strategy 1.1 Provide support for family planning, early case finding of pregnant women and spacing of children.

Strategy 1.2 Analyze rates of infant deaths among different racial/ethnic groups to develop approaches to reducing disparity.

Strategy 1.3 Examine the content of prenatal care in Arizona to identify opportunities for improvement.

Strategy 1.4 Examine maternal morbidity and mortality in AZ,analyzing causes of morbidity as well as related complications.

Strategy 1.5 Support Women's Health efforts, expand use of the Perinatal Periods of Risk model and support efforts to address chronic women's health conditions that put women at risk during pregnancy.

Objective #2 **Increase the Proportion of Very Low Birth Weight[1] Infants Who Are Delivered At Level III Hospitals or Subspecialty Perinatal Centers.**

Strategy 2.1 Review births at II EQ's (Level II facilities with Enhanced

[2]less than 1500 grams or 3 lbs. 4 oz.

Qualifications) to determine appropriateness and outcome. Should II EQ's be included in the count of Subspecialty Perinatal Centers?

Objective # 3 **Increase the Proportion of Pregnancies Begun With an Optimum Folic Acid Level. (Consumption of at least 400 ug of folic acid each day from fortified foods or dietary supplements by non-pregnant women aged 15 to 44 years)**

Strategy 3.1 Increase awareness of the need for a folate-adequate diet through direct marketing to the Arizona Public.

Strategy 3.2 Increase awareness of the need for a folate-adequate diet by working through primary care providers.

Strategy 3.3 Increase awareness of the need for a folate-adequate diet by working through programs that serve women of childbearing years and their families.

Objective #4 **Increase the proportion of mothers who breastfeed their babies.**

Strategy 4.1 Increase public awareness and acceptance.

Strategy 4.2 Promote policies that encourage breastfeeding in the workplace and at schools and child care settings.

Strategy 4.3 Advocate for public and private insurance coverage for breastfeeding support services and equipment.

Strategy 4.4 Increase training for health care providers on breastfeeding and its benefits.